



City of Seattle
Department of Design,
Construction and Land Use

Key Tower, 700 Fifth Ave, Suite 2000, Seattle, WA 98104-5070

Phone: (206) 684-8464 Fax: (206) 684-8113

Website: www.cityofseattle.net/dclu Hours: M,W,F: 7:30-5:30 T,Th: 10:30-5:30

PERMIT APPLICATION

Boiler &
Pressure Vessel

Work Site Address: _____ Zip: _____

Work Activity Location: _____ Apt/ Suite: _____

Occupancy: ☐ Single Family/Duplex ☐ Multi-Family ☐ Commercial ☐ Institutional ☐ Industrial

Description of Work: _____

WORK SITE OWNER/ TENANT INFORMATION	CONTRACTOR INFORMATION
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Owner will perform work authorized under this permit Name: _____ Phone: _____ Fax: _____ Address: _____ Apt/Ste#: _____ City/State: _____ Zip _____ How would you like to receive your permit? <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail <input type="checkbox"/> Mail & Fax	State License #: _____ Contractor Company Name: _____ Phone: _____ Fax: _____ Address: _____ Apt/Ste#: _____ City/State: _____ Zip _____ How would you like to receive your permit? <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail <input type="checkbox"/> Mail & Fax

☐ Alteration or Repairs ☐ New Boiler or Pressure Vessel, Burner, Automatic Certification, Monitoring

National Board/Serial #: _____ Manufacturer: _____

☐ **BOILER:** ☐ Heated by COMBUSTION: Heating Surface in Square Feet _____

☐ Heated by ELECTRIC POWER: Power Input in Kilowatts _____

☐ **BURNER REPLACEMENT** ☐ **AUTOMATIC CERTIFICATION** ☐ **BOILER MONITORING SYSTEM**

BURNER RATING: ☐ 0-12,500,000 BTU/ hr ☐ Over 12,500,000 BTU/ hr **FUEL TYPE:** ☐ Gas ☐ Propane
(For Fuel 1) ☐ Oil ☐ Wood/ Solid

BURNER RATING: ☐ 0-12,500,000 BTU/ hr ☐ Over 12,500,000 BTU/ hr **FUEL TYPE:** ☐ Gas ☐ Propane
(For Fuel 2) ☐ Oil ☐ Wood/ Solid

☐ **PRESSURE VESSEL:** Size (diameter or width x length) in Square Feet _____

I certify that the work to be performed under this application will be done in conformance with the City of Seattle Municipal Code.

Signature: _____ Date of Application: _____
Contractor or Owner (or authorized agent)

PAYMENT INSTRUCTIONS: Mail checks to:
☐ Cash ☐ Check DCLU, P.O. Box 34234, Seattle, WA 98124-1234
☐ Charge my escrow (ADA) account # _____
☐ Call me at () _____ so I can charge to a credit card.

DCLU USE ONLY:
 Permit #: _____
 Permit Fee: _____